

PUBLIC AFFAIRS SUPPORT TASK ORDER FORM

TASK TITLE:	REQUEST DATE:	REQUIRED DATE:
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REQUESTED BY:	PHONE NUMBER:	OFFICE SYMBOL:
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TECHNICAL ADVISOR:	PHONE NUMBER:	OFFICE SYMBOL:
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<p>TASK DESCRIPTION:</p>	
<p>OBJECTIVE:</p>	

SPECIAL NOTES OR COMMENTS:

APPROVAL LEVEL	PRINTED NAME/TITLE	DATE APPROVED	PHONE NUMBER	OFFICE SYMBOL
LAB/OFFICE DIRECTOR/MANAGER				
PUBLIC AFFAIRS OFFICE COTR/TECH MONITOR				

EVALUATION: Upon conclusion of this project, please complete the following evaluation with comments and sign below to acknowledge the completion of the assignment and to provide an evaluation of the work performed.

EVALUATION CATEGORIES	RATINGS	RATING LEGEND
Timeliness (work accomplished per time frame established)		5 - Outstanding
Quality of Work (work accomplished in a skillful, workmanlike manner)		4 - Excellent
Planning (work accomplished in the least disruptive manner)		3 - Good
Coordination and Submittals (documentation is comprehensive and timely)		2 - Satisfactory
Management and Reporting (communication is timely and appropriate)		1 - Poor

COMMENTS:

EVALUATOR'S/REQUESTOR'S SIGNATURE:	DATE SIGNED:
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FOR PAO USE ONLY	TASK ORDER NUMBER LEGEND: A - ART/DESIGN E - EXHIBITS I - INQUIRIES M - MEDIA
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TASK ORDER NUMBER:	DATE RECEIVED:	REVIEWED BY:
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<input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED	IF NOT ACCEPTED, STATE REASON WHY:
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PERSONNEL ASSIGNED:	SCHEDULED COMPLETION DATE:
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SCHEDULING NOTES:

THE FOLLOWING INFORMATION IS SPECIFIC TO MEDIA TASKINGS WHICH REQUIRE DRAFT OR REVISED SUBMITTALS				
	DRAFT	REVISION 1	REVISION 2	REVISION 3

Date delivered to PAO				
PAO POC who received document				
Date returned for rewrite				
PAO POC who requested rewrite				